

BOOK REVIEW

EDWIN A. WEINSTEIN: *Woodrow Wilson: A Medical and Psychological Biography*. Princeton, Princeton University Press, 1981. 399 pp. \$17.50.

RECENT years have witnessed increasing awareness both by the general public and the medical profession of the importance of the physical and mental health of our political, diplomatic, and military leaders. Hugh L'Etang's *The Pathology of Leadership* and *Fit to Lead?* explore the medical and psychiatric status of a number of figures whose hands manipulated the levers of power while their strength and capacity for clear thinking were failing. Lord Moran's frank disclosures of Churchill's illnesses raised the ethical question of confidentiality versus the public's right to know. It was supplemented by *Churchill Revised*, a compilation of essays by A.J.P. Taylor, J.H. Plumb, Anthony Storr, and others that probed more deeply into his mental depressions and the effects of progressive cerebral arteriosclerosis. Any number of recent biographies of Franklin D. Roosevelt have presented details of his deteriorating health during 1944-1945, the last and decisive year of World War II, the year of Yalta, and finally his death just before victory. More recently, we have witnessed the unhappy dilemma of the Democratic party when it dropped Senator Eagleton from vice-presidential candidacy after his history of psychiatric disturbances was disclosed.

We are now given a full-length analysis of Woodrow Wilson's medical and psychological condition by Edwin Weinstein, professor emeritus of neurology at Mount Sinai School of Medicine. Every schoolboy knows that Wilson's stroke in the autumn of 1919 incapacitated him from carrying out his duties as president at the critical time when the Versailles treaty was being debated in the Senate. There is no doubt that Mrs. Wilson and Admiral Cary Grayson, Wilson's personal physician, conspired to keep knowledge of his incapacity not only from the public but from important officials in the executive branch and from the Congress. They made many important decisions in his name, assuming powers not rightfully theirs. Now, more than half a century after Wilson's death, we have a full and complete account of Wilson as a patient, not only during the years of his presidency and decline but dating back to his early childhood and covering his entire adult career.

Professor Weinstein had full access to the Wilson Collection at Princeton, which includes correspondence between Wilson and his parents and his siblings; this provided invaluable insights regarding his early years. Other intimate details were provided by the unpublished memoir by Stockton Axson, Wilson's first wife's brother. Additional information was gleaned from the papers of various people prominent in Wilson's time deposited in a number of scholarly libraries, notably the Library of Congress, plus, of course, Wilson's public papers and official correspondence. He has skillfully combined a wealth of information from disparate sources into a well written account of Wilson's medical problems and psychological outlook, setting these two major themes in the background of the events of Wilson's private life and the public events relating to his presidency of Princeton, his governorship of New Jersey, and his presidency of the United States.

We learn that Wilson suffered his first stroke in 1896 at the age of 40, an episode characterized by weakness of the right upper extremity and sensory disturbances in the fingers, misdiagnosed as neuritis. He was unable to write normally for a year, and the author provides photographic evidence to support his diagnosis. Professor Weinstein is able to document five other "small strokes" between 1904 and 1913, including one in 1906 that produced sudden loss of vision in the left eye which persisted. Carotid arteriosclerosis was not appreciated in those days as a cause for cerebral ischemia, but the author infers that Wilson's left common carotid artery was significantly narrowed by atheromatous plaques, and that there was also disease in the left middle cerebral artery and the left ophthalmic artery. Retinal vascular lesions were first detected in 1914, the year after he became president. During the next five years he suffered recurrent bouts of severe headache, each lasting several days, presumably associated with hypertension. The critical year was 1919. In April, while at the Paris Peace Conference, Wilson contracted influenza, and Professor Weinstein argues convincingly for viral effects on the heart and brain, some of which colored his perception of matters then under diplomatic negotiation. A number of his judgments after the viral infection seem to have been reversals of positions he previously held. In September 1919 he developed severe headaches, diplopia, and signs of cardiac decompensation. He was now 63 years old, and it is not surprising that a transitory episode of left hemiplegia on September 25th was followed by a massive stroke on October 3rd that resulted in permanent left hemiplegia, restricted vision, and mental impairment. The author's finely reasoned, carefully

documented analysis of Wilson's carotid and cerebral arteriosclerosis and its sequelae is compelling.

Wilson's other medical problems include a variety of nonspecific digestive complaints, then labelled dyspepsia. They seem to coincide with minor personal crises, and the popular term "nervous stomach" would not be misapplied. But the symptoms and discomfort were real, sufficiently so that for a number of years Wilson, acting on medical advice, regularly lavaged his stomach with a syphon. We also learn that Wilson was dyslexic as a child and remained a slow reader the rest of his life. Perhaps this accounts for his weakness as a scholar. He was an effective classroom lecturer and a sound departmental administrator, but he left no permanent scholarly contribution to political science despite a voluminous list of publications. We also learn that Wilson suffered from hemorrhoids and underwent surgery for them in his fifth decade. Professor Weinstein does not comment on the psychological effects of hemorrhoidectomy, perhaps because they are not of long duration. But, after the operation the patient must relearn a skill he thought he had mastered before the age of two, a humbling blow to the ego, and he soon discovers that for the time being he has lost the power to discriminate the nature of material at the rectal ampulla, and that it is easy and somewhat embarrassing to become the victim of a misplaced confidence.

The perils of psychobiography are well known. All too often, speculation outruns data. But the author avoids far-fetched interpretations and sensibly confines himself to the inferences that any physician might reasonably make about a patient's mental processes. Professor Weinstein pays considerable attention to Wilson's use of language, his self-referential vocabulary, third-person projections, inappropriate metaphors, inaccuracies, and self-contradictions as an index of Wilson's emotional responses to stresses and crises in both his private family life and in the administrative and political problems with which he had to cope.

One of Wilson's characteristic reactions to illness was an attitude of denial—anosognosia. Perhaps one of Professor Weinstein's most valuable comments is his description and analysis of that trait:

Wilson's denial and minimization of his illness was an integral part of his personality and the expression of an important cultural value. People with the so-called "anosognosic," or denial personalities, tend to conceive of . . . incapacity in terms of principles and values which transcend the intrinsic physical features of the situation. They regard health and illness as moral issues and believe that the maintenance of health is a matter of personal duty and responsibility. Like the inhabitants of Samuel Butler's *Erewhon* (where illness was a crime) they react

to incapacity with feelings of embarrassment, shame, and guilt. To admit impairment is to lose status and self-respect. Wilson's father had taught him that one remained well by following the laws of right living and fulfilling one's obligation to God, so that becoming ill represented some moral weakness or dereliction of duty (a common Protestant understanding in the late nineteenth century). Denial thus became a means to avoid anxiety and depression and to preserve one's sense of personal integrity.

Denial of illness is closely linked to attitudes toward work and accomplishment. People who deny and minimize their disabilities are usually highly work-oriented...generally described by relatives and colleagues as highly conscientious and compulsive. They are punctual, orderly, stubborn, and insistent on being "right." By reason of their intelligence, drive, and sense of responsibility, they—the men, particularly—are often quite successful in business and the professions. Even when ill, they continue to work and tend to avoid consulting doctors. Paradoxically, they may attribute symptoms to overwork.

Any practising physician will recognize the type, and the author leaves no doubt that Wilson fits the mould.

Readers will be grateful for the detached, matter-of-fact manner in which Wilson's midlife extramarital liaison with Mary Allen Peck is presented, so unlike the sensationalism that has accompanied "revelations" about the sordid copulations of Warren G. Harding and John F. Kennedy, even Franklin D. Roosevelt's love affair with Lucy Mercer. Like any physician, the author recognizes that men's conduct is sometimes at variance with their principles, and he adduces Wilson's feelings of guilt about his affair along with his loss of the power struggle at Princeton with Dean Andrew West about the plans for the new graduate school as the emotional basis for Wilson's "new morality," developed between 1907 and 1910. Rationalizing his guilt and compensating for his defeat, Wilson developed the concept that public morality was more important than private morality. Fortunately, he had been a teacher of political science rather than ethics.

But was the "new morality" sufficient cause for him to seek the governorship of New Jersey and to relinquish the presidency of Princeton? At this decisive shift in his life, Wilson's motives still remain unclear. It is one thing for James Bryant Conant to have accepted an *appointment* as our ambassador to Bonn *after* he had retired from Harvard, but it would have been unthinkable for him to campaign for election as governor of the Commonwealth at the age of 54. But to step from the presidency of Princeton to the governorship of New Jersey is a comedown. And what if Wilson had lost the election? Also, there was no guarantee the Democrats would nominate him for the presidency in 1912. In fact, they nearly did

not; Wilson was nominated only after the partisans of Champ Clark and Oscar W. Underwood had blocked each other from the required two thirds majority. Nor was there any guarantee that once nominated Wilson would win the election. In fact, he did not win a popular majority vote, but the split between Taft Republicans and Roosevelt Bull Moosers gave him a wide margin in the electoral college. None of this could have been predicted in 1910 when he threw his hat in the New Jersey gubernatorial ring. It is difficult to imagine a candidate less likely to appeal to the mythical man in the street, but the history of American elections is filled with such apparent paradoxes.

Another unresolved item concerns the events between Wilson's massive stroke in October 1919 and the end of his presidency in March 1921. Even though his second wife and Admiral Grayson tried to keep the gravity of his condition secret, it was well known in Washington that he had had a severe stroke and was bedridden. There seems to have been no serious attempt in any branch of the government to inquire closely into the nature of Wilson's incapacity and its probable duration. Nor was there any apparent effort by those disenchanted with Wilson to promote the cause of the vice-president, Thomas R. Marshall, a former governor of Indiana, popular and even-handed, though scarcely an intellectual giant. Marshall was the author of the line, "What this country needs is a good five cent cigar," an empirical image more precise than Wilson's "Open covenants openly arrived at," but equally a mirage lost in the mists of historical wish-fulfillment. But Professor Weinstein's concern is with Wilson, not Marshall, and he does not embark on such speculations.

This is a book of informed scholarship. Professor Weinstein has woven skillfully the threads of his narrative and analysis, condensing the historical background as he should and bringing into sharp focus all the available information about Wilson's physical and mental condition throughout the course of his important career. It is written clearly so that an educated layman can follow the medical and psychological events without difficulty. It is a model of how an understanding of medicine can illuminate history.

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